



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF AGRICULTURE
LANSING

DON KOIVISTO
DIRECTOR

**Requirements and Procedures
for Two-week Training Notification
for Noncertified or Nonregistered Pesticide Applicators**
Effective October 1, 2002

Rule 8 (4) of Regulation 636, Pesticide Applicators states: **Noncertified or nonregistered applicators may apply general use pesticides as part of an approved training program for a period of 2 consecutive weeks, while under the direct supervision of a certified applicator. The approved trainer shall notify the director when the 2-week pesticide application period begins using a form and procedure approved by the director. Noncertified and nonregistered applicators shall not apply pesticides until the director has received the notification prescribed in this rule. The noncertified or nonregistered applicator shall have in his or her possession a copy of the notification form and display the copy to the director upon request.**

REQUIREMENTS

- An approved training program must be on file with the Michigan Department of Agriculture (MDA).
- Trainers that are signing-off on (verifying) applicator training must be approved by MDA.
- Noncertified/nonregistered applicators may apply general use pesticides as part of their training program for a period of 2 consecutive weeks while under the **direct** supervision of a certified applicator. **Direct supervision requires the certified applicator to be physically present during pesticide application activities.**

PROCEDURES FOR NOTIFYING MDA

1. Complete the information requested below.
2. Fax this page to the MDA regional office located in the geographical area where the applicator will most often be working. A map of MDA regional office locations and fax numbers is included on the reverse side. For alternate means of delivery contact the MDA regional office.
3. Make a copy of this notification and instruct the applicator to keep it in his or her possession for presentation upon request of a representative of the MDA.
4. Keep a copy for your records.

Applicator's Name:	Applicator's Address:
Firm Name:	Address:
Trainer's Name (Please PRINT):	Trainer's Certification Number and Categories:
Two-week Training Beginning Date (Month/day/year)	Notification Faxed to MDA Regional Office (Circle One): 1 2 3 4 5 6 7

Trainer's Signature

Date

ATTENTION:
Pesticide & Plant Pest Management Division Regional Office Supervisor
Date received: _____